

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-5	866	05-01-01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final Original	Data
2	6	5 9
3	7 ✓ ✓ ✓	✓ ✓ ✓
4	8 ✓	✓
5	9 ✓	✓
6	10 ✓	✓
a	11 ✓	✓
b	12 ✓	✓
c	13	
d	14	
e	15	
f	16	
g	17	
h	18	
i	19	
j	20	
k	21	
l	22	
m	23	
n	24	
o	25	
p	26	
q	27	
r	28	
s	29	
t	30	
u	31	
v	32	
w	33	
x	34	
y	35	
z	36	
aa	37	
bb	38	
cc	39	
dd	40	
ee	41	
ff	42	
gg	43	
hh	44	
ii	45	
jj	46	
kk	47	
ll	48	
mm	49	
nn	50	

Claim	Date
Final Original	
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Claim		Date
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If more than 150 claims or 10 actions  
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